

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM 170-870)						SERIAL NO.		APPLICANT(S)	
						CLAIMS			
	AS FILED		AFTER 1st ASSIGNMENT		AFTER 2nd ASSIGNMENT				
	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.
1							61		
2							62		
3							63		
4							64		
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39							99		
40							100		
41									
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46									
47									
48									
49									
50									
TOTAL NO.	3						TOTAL NO.		
TOTAL OFF.	15						TOTAL OFF.		
TOTAL FEE	18						TOTAL FEE		